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Customer Number: OR Request for Customer Number (PTO/SB/125) attached hereto in the following listed application(s) for which the Issue Fee has been paid for patent(s). PATENT NUMBER APPLICATION NUMBER (If known) 10/799,523 Completed by (check one): Applicant/Inventor Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/196) Assignee recorded at Reel Frame September 6, 2006	address for maintenance fee purposes (hereafter, fee address). A fee address should be specified when the patentee would like correspondence related to maintenance fees to be mailed to a different address than the correspondence address for the application. When to check the first box below: If the fee address for the patent and/or application number(s) you indicate is to be established with, or changed to, an existing Customer Number. When to check the second box below: If a Customer Number representing the fee address has to be established so it can then be associated with the natent and/or application number(s) you indicate.	
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Completed by (check one): Applicant/Inventor Attorney or Agent of record 45.548 Robert B. Reeser, Ib. Typed or printed name Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) Assignee recorded at Reel Frame September 6, 2006		
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	Statement under 37 CFR 3.73(b) is enclosed.	3.71. 314-621-5070 Requester's telephone number
Date	Assignee recorded at Reel Frame	September 6, 2006

This addition of information is required by 37 CFR 1.355. The information is required to obtain or retain a basefit by the public which is to the great by the USFTO to proceed an application. Confidentiality in governed by 39 US. 0.12 and 37 CFR 1.11 and 1.14 This collection is estimated to labe 5 ministers to complete, including gathering, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on amount of their application, required to complete the filter and/or upgesterot for reducing this burden, should be sent to the Chief information Cffilter. Packet and SERTO TO: Mall Stop M Correspondence, Commissioner for Patient, P.C. Box 1456, Mexandris, VA 2213-14-06, MPLETED FORMS TO THIS ADDRESS.

forms are submitted.

* Total of